

## NATIONAL JOINT REGISTRY STEERING COMMITTEE

### MINUTES

<b>Meeting:</b>	NJR Steering Committee		<b>Date:</b> Monday 13 July 2020
<b>Location:</b>	Zoom Conference		
<b>Members Present:</b>	Laurel Powers-Freeling	LPF	Chairman
	Tim Wilton	TW	NJR Medical Director
	Prof Karen Barker	KB	Allied Health Professional
	Peter Howard	PH	Orthopaedic surgeon
	Robin Brittain	RB	Patient Representative
	Gillian Coward	GC	Patient Representative
	Jeff Stonadge	JS	ABHI, Orthopaedic Manufacturer Representative
	Sandra Lawrence	SL	ABHI, Orthopaedic Manufacturer Representative
	Prof Amar Rangan	AR	Orthopaedic Surgeon
	Rob Hurd	RH	NHS Trust Management
<b>Co-Opted Members:</b>	Don McBride	DM	BOA President
	Andy Smallwood	AS	NHS Procurement
<b>Attendees:</b>	Elaine Young	EY	Director of Operations, NJR
	Chris Boulton	ER	Deputy Director of Operations, NJR
	Deirdra Taylor	DT	Assoc. Director: Communication & Stakeholder Engagement, NJR
	Yemi Garuba	YG	Assoc. Director: Operations and Contract Management, NJR
	Rebecca Swinson	RS	Assoc. Director: Performance and Business Planning, NJR
	Jane Ingham	JI	CEO, HQIP
	Richard Armstrong	RA	Head of Health Solutions, Northgate [LOT 1]
	Mr Michael Whitehouse	MWh	Reader in Trauma and Orthopaedics, University of Bristol [Lot 2]
	Prof Andrew Price	AP	Professor of Orthopaedic Surgery, University of Oxford [Lot 2]
	Jackie Keith	JK	NJR Team Operational Support [Minutes]
<b>Apologies:</b>	Prof Ashley Blom	AB	Head of Translational Health Sciences, University of Bristol [Lot 2]
	Prof Tim Briggs, CBE	TB	Chair, Getting It Right First Time (GIRFT); National Director of Clinical Improvement for the NHS
	Robin Rice	RR	Welsh Government Representative
	David Macdonald	DM	Independent Healthcare Provider Network
	Prof Mark Wilkinson	MW	Public Health & Epidemiology
	Prof Mike Reed	MR	Orthopaedic surgeon

REF.	ITEM	ACTION
1.	<p><b>Welcome and Apologies for Absence</b>  LPF welcomed members to the meeting, with particular reference to RS on her return from maternity leave and noted the apologies listed above. EY mentioned that SL had an ABHI board meeting until 11:00am so would be late joining the meeting.</p> <p>LPF announced this was RH's last meeting as he had moved to a new NHS role and was stepping down as the NJRSC NHS Trust member. She expressed her gratitude to RH for his commitment to the NJRSC. It was noted that RH offered to provide continued support if required and as time allowed, whilst his replacement was recruited.</p>	
2.	<p><b>Declarations of Interest</b>  None were forthcoming</p>	
3.	<p><b>Minutes of the Previous Meeting</b>  The minutes of the last meeting were agreed as an accurate record with the following amendment:  MWh advised –item 13.4 second paragraph ‘the next MDS update [v8] would include all hip and knee <u>operations</u> should read <u>re-operations</u>  <b>Action: Amend minutes</b></p>	NJRMT
4.  4.1  4.2  4.3	<p><b>Business Update</b>  EY provided an update on actions and matters arising as follows:</p> <p><b>4.1 Scan4Safety:</b> RA reported that Northgate had been working with Derby Hospitals on developing an application-programming interface (API) to allow third party systems to interface into the implant validation process and to get a feed of data back. This would give the ability to identify implant mismatches early, and would enable a Scan4Safety system to interface with the NJR without component numbers having to be re-keyed. Derby had tested the API, and were looking at mismatches and discrepancies within the two systems. This was an active piece of work running parallel with the creation of an NJR app for mobile phones.</p> <p>In response to a query from TW, RA explained that Scan4Safety was an umbrella project comprising different system providers. Northgate had created an interfacing standard with Derby Hospitals to prove the concept. Northgate will now be writing proactively to other Scan4Safety sites to let them know that this facility was available and invite them to use the same service. EY noted that NHSX were interested in this work.</p> <p><b>4.2 Validation of pricing data by Industry:</b> RA reported that the Index Pricing document initially presented at the last NJRSC, had been discussed at the extraordinary NJREC meeting, where it was agreed information should be refreshed. This was a useful sense-check of what was happening market-wide around implant pricing.</p> <p><b>4.3 NJR Benefits Schedule:</b> EY reported that an NJR Benefits Working Group had been convened with two agreed work streams: a) production of a benefits leaflet, aimed at CEOs to demonstrate that NJR subscription represented value for money. This had been drafted with advice from RH and distributed with the 2020/21 subscription letters in June and b) a more detailed study, led by AB and MW, to outline the quantifiable benefits of the registry. This would be important in future discussions with NHSX and suitable for many purposes, including publication. MWh advised AB was prioritising this.</p> <p>EY thanked RH for raising this NJR benefits issue last April, and for his support.  <b>Agreed: to distribute the benefits/VfM Trust leaflet to the NJRSC members</b></p>	NJRMT

4.4	<p><b>Dr Foster - 'My Practice' Surgeon Platform - links with NJR systems:</b> This item had been previously re-focused to engage with NCIP colleagues at NHSI. CB advised that there had been no further contact from NHSI. AP agreed to follow this up with NCIP.</p> <p><b>Action: Make further contact with NHSI about NCIP engagement</b></p>	AP
5.	<p><b>NJR Committee Terms of Reference [ToR] - Annual Review</b></p> <p>LPF noted that sub-committee ToRs had been approved by their respective members. She recommended that the NJRSC and NJREC ToRs be reviewed together to ensure alignment. It was agreed that if no comments were received within a week of circulation, both ToR would be approved, but if there were suggested amendments, the ToR would be re-circulated to members for final agreement.</p> <p><b>Action: Review NJRSC/ NJREC ToRs and feedback to NJRMT within a week.</b></p>	NJRSC
6. 6.1	<p><b>COVID-19-Impact on NJR Work Plan and Finance</b></p> <p><b>2020/21 Annual Plan and Budget agreed by NJREC, with delegated authority from NJRSC, in response to COVID-19:</b></p> <p>LPF explained that activity changes had been necessary in context of COVID-19 and reduced procedure volumes. Subscription-based revenue was calculated retrospectively on the previous full year's volumes and as the yield would potentially be less than expected, this would have significantly affected financial reserves had the NJR continued with the ambitious work programme initially planned.</p> <p>EY explained that with delegated authority from the NJRSC, a lengthy exercise had been undertaken by NJREC since April, in which every item in the draft Annual Plan had been scrutinised to identify which projects could be either cancelled, deferred for review end of Q1, deferred for review in 2021/22 or continued. Substantial reductions had been made to the strategic development programme and a balanced budget had been achieved. At a final review meeting at the end of Q1, the NJREC had signed off the 2020/21 annual plan and budget.</p> <p>Noted that progress of items deferred until 21/22 would be following review next year and dependent on subscription income this year. 20/21 subscription letters were issued at the end of Q1 and some purchase orders had already been received.</p> <p>LPF recommended that a similar exercise should take place every year as it highlighted how NJR development fitted together</p> <p><b>Action: COVID-19 schedule workings to be made available to NJRSC members</b></p>	NJRMT
6.2	<p><b>2020/21 Annual Plan Q1 progress update [1<sup>st</sup> April-30<sup>th</sup> June 2020]</b></p> <p>CB reported that most Q1 activities had been moved forward due to the pandemic but there were two activities in particular to note:</p> <ul style="list-style-type: none"> <li>i. The implementation of sublicensing – NHSI had initially rejected the standing agreement. Notification of approval had just been received.</li> <li>ii. A new methodology for the detection of implant outliers had been developed by University of Bristol but more time was needed to test the model. Whilst work was continuing on this, it had been requested that this deliverable be deferred to 2021/22 to allow further time to agree an approach. NJRSC agreed that this deliverable could be moved out of the annual plan for 2020//21.</li> </ul> <p>CB stated that all other Q1 deliverables were on track.</p>	
7.	<p><b>2020/21 Risk Register Q1 Update</b></p> <p>It is noted that the 2020/21 Risk Register was approved by NJREC, on behalf of the NJRSC, at the last extraordinary meeting in April. No new risks or amended risk levels had been recorded in Q1 but CB advised that a risk raised about Covid-19 had been broadened to extend to Force Majeure more generally.</p>	

	<p>RH asked if the NJR captured the income from the Independent sector's subscriptions, so when volumes increase subscriptions would also increase proportionally. CB confirmed the same subscription model was used for both NHS and independent sector.</p>	
<p><b>8.</b></p>	<p><b>Development of Medical Device Registries</b></p> <p>LPF reported limited progress with NHSE/NHSI on the proposal for developing a national MSK register. In the wake of the Cumberlege Review, it had become clear that the preferred direction of travel for how implant data would be managed was a more centralised direction focused on routine capture of limited data to aid patient recall, supported by more detailed data collected by specialist registries. The NJR had stressed the importance of the role registries play in the interpretation and publication of data, to make it meaningful and reflect outcomes. Simply registering that a patient had had a device implanted did not protect the patient or future patients; they had to be actively monitored to anticipate poor outcomes before they happen. This had been acknowledged and NHSX were particularly keen on the fact that the NJR programme was clinically led; recognising that the clinicians' input was vital</p> <p>Positively, the NJR was highlighted as a global exemplar of an implantable devices registry and an organisation that should provide the template for other device registries. NHSX now wished to work with the NJR to explore all aspects of its operating model and determine which elements may be appropriate for wider use. An initial meeting had been held and further collaboration was planned. While the NJR would be in a unique position to be able to influence changes with the benefits of our approach, there could be an impact on the NJR/TORUS work to develop a national MSK register, which may be unlikely to progress in the format proposed, or alternatively could be suggested as a pilot for development of a larger device registry.</p> <p>LPF agreed that a letter outlining the current state of play to the TORUS registries was needed. It was agreed that the various possibilities could be discussed at a forthcoming meeting TW and EY were attending with the BOA on the 20th July.</p> <p>LPF asked JI how HQIP had been communicating with NHSX. JI explained that this had been parallel as she and Danny Keenan sat on the same steering group as TW. It was likely that a pelvic mesh registry would be first to be driven forward.</p> <p>LPF agreed that members would be kept informed about developments</p> <p>Finally TW noted that this wider agenda may be an opportunity to encourage CCGs to commission routine collection of PROMS and PREMS across a range of procedures. AR added that BESS considered PROMs essential for shoulder replacements. LPF agreed, but stressed the importance of agreeing a charging mechanism to fund the NJR collection of shoulder PROMs to avoid a revenue gap.</p> <p><b>Actions: Develop communication for TORUS registries and keep NJRSC updated on medical device registry development.</b></p>	<p>EY/TW</p>

9.	<p><b>Website Hosting</b></p> <p>DT explained this proposal for web site hosting arrangements had been brought to the NJRSC for approval, following concerns raised by the NJREC, and for expedience, as the next NJREC was not until September.</p> <p>She explained that a paper detailing options for hosting the NJR centre website had been discussed at the NJREC in March. The proposal scrutinised costings and benefits of the NJR website being hosted by an alternative provider to Lot 1. It was noted that the NJR website in this context referred to public-facing pages, not the data collection side of the operation, which would remain with Northgate.</p> <p>DT advised that leasing an external webserver would give the level of support required in terms of security; the flexibility to have instant access to our own website to troubleshoot; and the ability to make immediate amendments or additions as needed. Site Ground had been identified as a preferred hosting company, as they offered a full service provision, no set-up costs, and significantly less service costs per annum. There were no security issues as the information held was already in the public domain.</p> <p><b>Agreed: to approve the proposal for implementation</b></p>	DT
10.	<p><b>Data Sharing Update</b></p> <p>CB explained that he had been overseeing NJR data sharing activity assisted by Nicola Daisie, NJR Operations Support Manager. This was divided into two streams a) data requests for non-research purposes and b) data requests for research purposes. In summary, of 139 data requests received, 86% were approved. Most requests were from hospitals for their own data, which were uncontroversial. Of the 46 research applications, 76% were invited to submit proposals.</p>	
11.	<p><b>NICE guidance</b></p> <p>TW reported that although there had been gaps between meetings for both the MAC and the RCC, members had been asked for feedback and suggested additions to the Minimum Dataset (as seen in paper M). A new emphasis on shared decision-making and aids were recommended. Research was needed in this area and it would be reviewed in detail. MWh cautioned on the complexity of how outcomes were attributed in the context of dual consultant operating-to be considered as part of dataset discussions.</p>	
12.	<p><b>Name of the National Joint Registry for England, Wales, Northern Ireland, Isle of Man and the States of Guernsey</b></p> <p>A proposal to change the name of the National Joint Registry, currently listed with details of its geographical footprint, to 'National Joint Registry' was agreed</p> <p><b>Action: Use amended title on documentation as appropriate</b></p>	NJRMT
13.	<p><b>Update from the NJRSC Sub-Committees</b></p>	
13.1	<p><b>Executive Committee</b></p> <p>Contents of minutes and matters arising were dealt with elsewhere in this meeting.</p>	
13.2	<p><b>Editorial Board</b></p> <p>On behalf of MR, DT reported that the Editorial Board had met on Friday 3<sup>rd</sup> July. The PDF version of the NJR 2020 annual report had been signed off with the University of Bristol given an additional week to review final edits. PAD had charged NJR a reduced rate this year as the report would not be in printed format.</p>	
13.3	<p><b>Surgical Performance Committee</b></p> <p>PH stated that although it had been agreed that outlier surgeons who started a new practice would be reported, there was currently no protocol for doing so. There was</p>	

	<p>discussion around whether concerns or issues should have been picked up by Responsible Officers (RO) during appraisals and by hospitals performing due diligence. PH and TW agreed that the NJR's position should be advisory on a case-to-case basis, but felt this required wider discussion at the NJR MAC.</p> <p><b>Action: Agenda item for next MAC meeting in September</b></p>	PH/TW
13.4	<p><b>Implant Scrutiny Committee</b> Noted that meetings had been held 20 February and 16 June.</p>	
13.5	<p><b>Research Committee</b> Minutes of the meeting held on the 17<sup>th</sup> March were noted</p>	
13.6	<p><b>Data Quality Committee</b> TW reported that a) Matthew Porteous, former DQC Chairman, had drafted a 3 year Data Quality Strategy which had been recirculated for comment; b) following MPs departure, he would act as DQC Chairman on a temporary basis pending recruitment to the role; and c) in this year's annual report TW and AS had written a new section highlighting the success of the NJR DQ audit programme.</p>	
13.7	<p><b>Regional Clinical Co-ordinators Committee</b> Noted the last meeting had been held on 6<sup>th</sup> January.</p>	
14.	<p><b>Quarterly Statistics Report 2019/20 Q4 [1<sup>st</sup> January-30<sup>th</sup> March 2020]</b> The 19/20 Q4 Quarterly Statistics Report was noted</p>	
15.	<p><b>Quarterly Management Report Q1 [1<sup>st</sup> April -30<sup>th</sup> June 2020]</b> The Q1 Quarterly Management Report was noted</p>	
16.	<p><b>Any Other Business</b> None</p>	
17.	<p><b>Date of Next Meeting</b> Thursday 29<sup>th</sup> October 2020, 10.30am by Zoom conference.</p>	
	<p style="text-align: center;"><b>END OF MEETING PART 1</b> <b>Representatives of Lot 1 and Lot 2 [MWh, AP, RA, ASm] left the meeting</b></p>	